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Medical Board of California  
Business Process Reengineering Study  
Creating a Sustainable Licensing Program

## 5 Additional Considerations

This section has been included to address additional and relevant licensing-related items identified by MBC staff during the BPR Study but outside the processing and supporting components. Items discussed in this section are FSMB products and services, the Postgraduate Training Registration Form, and the training permit concept.



## 5.1 FSMB Products and Services

The Federation of State Medical Boards (FSMB) has made available to state Medical Boards a number of services targeted to enhance the efficiency of licensing processes. These products and services include:

- **E-transcripts** – provides an electronic version of the USMLE test score transcript.
- **Federation Credential Verification Service (FCVS)** – A centralized process and repository for state medical Boards to obtain physician's medical credentials.
- **iPickup** – provides electronic copies of FCVS packets available to state Medical Boards.
- **GME Connect** – allows Postgraduate training programs to enter GME credentialing information online through a secured portal.
- **Uniform Application and the State-specific Addendum** – an online application system that can be used in physician licensing.

Expedited Licensure is not a service, but a concept. In its research, the BPR Study Team found documentation on this concept and will provide a brief overview and assessment as it relates to MBC Licensing processes.

MBC uses the E-transcripts service to obtain USMLE scores. MBC accepts FCVS and will use the documentation contained in an FCVS packet as long as the document, including signatures, seals and verifications, meets current California statutes and regulations. MBC is making progress towards the implementation of iPickup. Further assessment of how GME Connect can provide the same information as the current L3A/B Form (Certificate of Completion of ACGME/RCPSC Postgraduate Training) will determine if it is a viable and additional alternative for MBC.



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A table with additional information of FSMB Products and Services including expedited licensure and BPR Study observations can be found in Section 9.2, page 152.



## **5.2 Postgraduate Training (PGT) Registration Form**

Individuals enrolled in any California Postgraduate Training (PGT) Program are required by Business and Professions Code § 2065 (US/CAN graduates) and § 2066 (IMGs) to complete a Postgraduate Training Registration Form (Form 07M-157A). A sample of this form is included in Section 9.1.2.

Information on this form includes:

- Demographic information - Name, home/mailling address, Social Security Number, and phone numbers (email address is not requested).
- Education and PGT information - Medical School of Graduation and date, Postgraduate Training program, Accreditation Council for Graduate Medical Education (ACGME) ID, specialty and Program Director information.

According to the Administrative Support Staff, who receive and date stamp the PGT Registration forms, approximately 90% are sent from the California PGT programs in bulk, and the remaining 10% are sent either separately or with the license application. Most of the forms appear to be sent anywhere from two to three months prior to the program start date to three months after, with most being sent from the programs in June and September. The GME Outreach coordinator also obtains completed forms when doing on-site visits.

PGT Registration form processing is different for IMGs and US/CAN because it is unlikely that a US/CAN application file exists at the time a PGT Registration form is received. IMGs will have an application file as they are required by law to obtain a PTAL prior to the start of PG Training. In contrast, the US/CAN Medical School graduate may have an application on file only if they have previously sent in an application for licensure.





The PGT Registration forms for US/CAN Medical School graduates are date stamped by Administrative Support Staff and placed alphabetically in the file drawer at an Administrative Support Staff's desk. They are not checked on ATS or matched up with an application file (because of the small likelihood that an application file exists), unless they are sent in with the application. Forms for US/CAN Medical School graduates are not matched up with the application when the application is received. There has been recent activity with processing the US/CAN PGT Registration forms. The BPR Study team did not do further research as these activities were identified midway through the creation of this report.

The PGT Registration forms for IMGs are currently treated like any other incoming mail - date stamped, checked, logged as received in ATS by Z-project staff. The forms are then distributed to IMG reviewers, who verify the program on the ACGME Web site, log in the information into ATS notes, and place the form in the applicant's file.

The primary purpose of the submission of this form is to comply with the law. In addition to complying with the law, this form provides value to the IMG Review Staff. An IMG with a PTAL can have an application file open for years before obtaining a postgraduate training position. Receipt of this form communicates to MBC that an applicant with a PTAL has been accepted into a PG Training Program within California.

Currently, there is no timeframe specified for submission of this form, no penalty for the PG participant for failure to submit this form, and no cross-check to verify all individuals enrolled in California-based PG Training have submitted a form and are in compliance with Business and Professions Code § 2065 (US/CAN graduates) and § 2066 (IMGs).

### ***Additional Observations***

*The AMA database may contain resident information for purchase that MBC can use -*

Research was done by the BPR Study Team to identify and assess alternative methods and sources to obtain the data captured on the PGT Registration Form. It appears that



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the AMA may have a large portion of this data available for purchase in the AMA's Physician Professional Data (PPD). This data could be used in lieu of the PGT Registration Form and to meet current statutory compliance requirements. The PPD data could be used to:

- Verify IMGs enrolled in residency programs have a valid PTAL in ATS
- Assist the Licensing Program in workload and staffing projections by identifying the residents needing licensure.

MBC must make the final determination if obtaining the information from a source other than the resident would satisfy compliance with Business and Professions Code § 2065 (US/CAN graduates) and § 2066 (IMGs) and meet MBC's needs. Further discussion is contained in the Infrastructure Recommendations, Section 9.3.1, IF-15.



## **5.3 Postgraduate (PG) Training Permit Concept**

This concept would require all residents to obtain a training permit in order to participate in an ACGME-accredited Postgraduate Training program within California. PG Training Permits would be similar to PTALs. The BPR Study Team was asked to include a brief narrative and assessment of PG Training Permits in this report as it relates to the scope of the BPR Study.

Currently IMGs are required to obtain a PTAL authorizing an individual to participate in Postgraduate training within California. MBC provides a PTAL once an applicant has demonstrated satisfactory completion of education, testing and training requirements and have had no other issues (such as a serious mental health issue, academic problem, dishonesty, or drug or alcohol use) that would adversely affect public safety. The PG Training Permit concept would require US/CAN Medical School graduates to obtain a training permit. It is unclear whether IMGs would continue to receive a PTAL or the PTAL would be discontinued and IMGs would be required to obtain a training permit.

Based on research by the BPR Study Team, there appears to be two justifications on how PG Training permits would provide value:

- Justification #1: Prevention of the workload “crunch” resulting from applicants requiring licensure by July 1. Historically, there is a substantial increase in applications received from January through March every year and this increase can result in a backlog of applications awaiting initial review and application processing through licensure.
- Justification #2: Residents that would be ineligible for licensure due to issues prior to the completion of Medical School might be screened out earlier.





This concept has been previously evaluated by MBC in November 1997 and November 2006. This concept was recently brought up again by an attendee at a GME Outreach meeting in October 2009. The concept was not pursued in 1998 because of substantive changes to the licensing requirements that had recently taken effect. The BPR Study Team is not aware of any advancements of this concept since it was brought up in October 2009. The Federation of State Medical Boards (FSMB) published a report in 1996 on this concept.<sup>22</sup> To implement a Postgraduate Training permit would require:

- *A significant policy shift for MBC.* Currently only IMGs are required by law to obtain authorization prior to the start of a California Postgraduate Training Program. As indicated in the previous section, all individuals enrolled in any California Postgraduate Training Program are required to complete a Postgraduate Training Registration Form (Form 07M-157A) as defined by Business and Professions Code § 2065 (US/CAN graduates) and § 2066 (IMGs).
- *Significant outreach efforts to all impacted entities.*
- *Significant changes to current statutes and/or regulations* which normally take several years.
- *Changes to current process flow* – It is assumed the PG Training process would be similar to the current PTAL process for IMGs. The process changes would be sizable, but could be leveraged from existing processes.
- *Significant increase in staff* for a period of time to address the increased workload. There would essentially be twice the number of applications to process for a period of time that includes the run out of applications under the current statutes and regulations and for the applications under the new statutes and regulations.
- *A comprehensive assessment to determine the likelihood that the PG Training permit process would identify ineligible applicants earlier.* This assessment was not conducted for this BPR Study as it was outside the scope. The level of analysis would need to include a historical study of the applications that have gone to senior-

<sup>22</sup> FSMB Article: [http://www.fsmb.org/pdf/1996\\_grpol\\_Phys\\_Enrolled\\_Postgrad\\_Training\\_Programs.pdf](http://www.fsmb.org/pdf/1996_grpol_Phys_Enrolled_Postgrad_Training_Programs.pdf)





level review and would need to derive a statistically significant correlation between senior-level review outcomes and earlier identification of ineligible applicants. The assessment should also identify impacts to resource and workload and what required activities (for example, statutory and regulatory changes) would be needed.

### ***Additional Observations***

*The justifications identified to the BPR Study Team on how a PG Training Permit would provide value had differing rationale* - Justification #1 supports the PG Training Permit concept as the method to prevent the workload “crunch”. If the PG Training Permit was implemented, the workload “crunch” would occur prior to the start of PG Training instead of between years 1 and 2 (for US/CAN) and years 2 and 3 (for IMGs). Justification #2 supports the PG Training Permit concept as a method to identify residents earlier that would be ineligible for licensure. If MBC Executive Staff and Board consider the concept of a PG Training Permit to be viable, the BPR Study Team strongly recommends a special study to assess the efficacy of this major policy shift prior to any sizable effort is placed in furthering the PG Training permit concept.